

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 323-0267



August 20, 1984

ALL-COUNTY LETTER NO. 84-89

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS

SUBJECT: REVISED ASSISTANCE CLAIMING INSTRUCTIONS FOR TIME ELIGIBLE REFUGEES/
ENTRANTS ON AFDC-FG/U, FC, EA-UP and EA-FC
REFERENCE: ALL-COUNTY LETTERS: NO. 81-17, NO. 81-52

The AFDC-FG/U/FC assistance claiming instructions for families - individuals eligible for the Refugee Resettlement Program and the Cuban/Haitian Entrant Program were initially issued in the above-referenced All-County Letters. At that time, it was believed that simply identifying those cases in which at least one family member was eligible for enhanced federal funding and requiring a separate summary of all transactions for those cases would provide sufficient detail to substantiate the claiming forms used to claim the additional federal reimbursement. The claiming forms used to claim the additional federal reimbursement are the DFA 843, DFA 844 and DFA 847.

Form DFA 843, Federal Funds Claimable Based on the Expenditures for Refugee Resettlement, Cuban Program Phasedown and Cuban/Haitian Entrant Recipients in Receipt of Nonfederal AFDC-FC.

Form DFA 844, Additional Federal Funds Claimable Based on the Nonfederal Share of Expenditures for Refugee Resettlement, Cuban Program Phasedown and Cuban/Haitian Entrant Recipients in Receipt of AFDC.

Form DFA 847, Additional Federal Funds Claimable Based on the Nonfederal Share of Expenditures for Refugee Resettlement, Cuban Program Phasedown and Cuban/Haitian Entrant Recipients in Receipt of Federal AFDC-FC.

When the Emergency Assistance - Unemployed Parent and Emergency Assistance - Foster Care Programs were implemented July 1, 1982, the same system for capturing costs reimbursable from Office of Refugee Resettlement (ORR) funds was followed. The forms used on these programs are the DFA 863 and DFA 863A.

Form DFA 863, Additional Federal Funds Claimable Based on the Nonfederal Share of Expenditures for Refugee Resettlement and Cuban/Haitian

Entrant Recipients in Receipt of Emergency Assistance -
Unemployed Parent.

Form DFA 863A, Additional Federal Funds Claimable Based on the
Nonfederal Share of Expenditures for Refugee Resettlement
and Cuban/Haitian Entrant Recipients in Receipt of Emergency
Assistance - Foster Care.

It has become evident that additional information is needed in a format that will make it possible to more accurately monitor the claiming forms. Effective with the assistance claims for October 1, 1984, the following requirements are applicable.

Time Eligible Refugees on AFDC-FG/U

These cases must continue to be coded as "30" for Family Group cases and "35" for Unemployed cases but must be submitted as a separate payroll. If the payroll is a computer payroll, then a separate summary of the integrated payroll must be submitted. This payroll may be either a completely separate payroll from all other FG & U cases or it may be printed and totaled at the beginning or ending of the regular payroll. In either instance, there must be a separate summary of the transactions (as initially required). The totals of transactions for time eligible refugees will continue to be combined with the totals of transactions for all other FG & U cases and carried forward to the CA 800, Summary Report of Assistance Expenditures - Aid to Families with Dependent Children, as has always been required.

On the Time Eligible Refugee Payroll, the date of entry (DOE) must be shown for each member of the assistance unit (AU) who is still time eligible. The "Date of Approval" column may be used for this purpose by those counties whose current format does not provide space elsewhere. Currently, some counties produce a listing of time eligible refugee cases receiving a grant for the month with the case number, the name of each member of the AU and the DOE of each member. This type of computer listing will be an acceptable alternative but because it may not contain all the required payroll information (such as warrant number) it must be submitted with the separate payroll.

Time Eligible Entrants on AFDC-FG/U

The above requirements are applicable for those AFDC-FG/U cases in which at least one member of the AU is a time eligible Cuban/Haitian entrant. The only exception is the date of parole which must be shown for entrants instead of the date of entry as for refugees.

Time Eligible Refugee/Entrants on FC Federal/Nonfederal EA-UP and EA-FC

The requirements for separate payrolls, separate summaries of the integrated payroll and date of entry/parole are applicable.

The constant shortage of sufficient federal funds to meet 100 percent federal funding of refugee-entrant cases make it mandatory at both the state and county level to claim federal participation whenever eligibility permits. However, in order to avoid costly audit exceptions, it is also mandatory that such claiming

of federal participation be fully documented. The providing of this additional information in this format should ensure this objective.

If there are questions regarding these claiming instructions, please contact Willa Wallen at (916) 323-0267 or ATSS 473-0267.



ROBERT T. SERTICH
Deputy Director
Administration

cc: CWDA

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5387



August 15, 1984

ALL-COUNTY LETTER NO. 84-88

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: GREEN v. OBLEDO NOTICES OF ACTION

REFERENCE: MPP SECTION 50-010

Attached are the Notices of Action which are to be used for informing Green v. Obledo claimants of the disposition of their claims. We have attempted to develop notices for the majority of case situations; however, the notice messages provided may not be all inclusive. For those less common situations, you may need to develop additional messages to meet individual case circumstances. The Department has developed two blank notices that you may use when you need to develop additional messages, the "Green v. Obledo Back Benefits - General Notice" (A) and "Green v. Obledo Back Benefits - General Continuation Page" (B). The General Continuation Page is to be used only as an attachment to a General Notice, and is not to be used alone.

This letter transmits only the English version of the notices. The Spanish, Vietnamese, Cambodian, Laotian and Chinese translations will be forthcoming.

You must copy the attached notices with the enclosed NA Back 3 on the reverse side. When you copy the General Continuation Pages, leave the reverse side blank. Intake counties should make necessary alterations to the NA Back 3 to reflect the correct address for filing hearing requests. In the event that it is necessary to send more than one notice to a claimant, all approval and denial notices, with the exception of the Notice for Incorrect County, must be sent to the claimant at the same time.

This letter contains: 1) reproducible copies of a blank General Notice, the NA Back 3, and a blank General Continuation Page, for use in the event additional notices need to be developed (Attachment I); 2) reproducible copies and the instructions for completion of the notices to be used to deny a claim (Attachment II); 3) a reproducible copy and the instructions for completion of the notice to be used to forward a claim to the proper county or return it to the claimant (Attachment III); 4) a reproducible copy and the instructions for completion of the notice to be used to request additional, missing or incomplete information/verification (Attachment IV); 5) a reproducible copy and the instructions

for completion of the approval notice (Attachment V); and 6) reproducible copies and the instructions for completion of the continuation pages which provide the detail regarding how the amount of benefit was calculated (Attachment VI).

If there are any questions, please contact Joe Carleton at (916) 322-5387.


KYLE S. McKINSEY
Deputy Director

Attachments

cc: CWDA

Attachment I

- 1) "GREEN v. OBLEDO Back Benefits - General Notice" (A)
- 2) The current NA Back 3 to be used with the Notices
- 3) "GREEN v. OBLEDO Back Benefits - General Continuation Page" (B)

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

• •

• •

Description of the Action, Amount, Reason(s), Comments.

Regulations. These rules apply in your case: Policy Manual Sections:
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO - Back Benefits - General Notice (No Aid Pending) - A

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county or adoption worker can help you request a hearing. If you decide to request a hearing you must do so WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

FOOD STAMPS AND CASH AID†: If this action stops or reduces your food stamps or cash aid and you ask for a hearing before the effective date of the action, your benefits may continue unchanged under certain circumstances until the hearing or until you receive your hearing decision. Food Stamps will not continue past the end of your current certification period.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

**Office of the Chief Referee
State Department of Social Services
744 P Street, Mail Station 6-100
Sacramento, CA 95814**

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253*

For the Deaf Only TDD (800) 952-8349*

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name	Phone number		
Address		City	State
			Zip Code

I am requesting a state hearing because of an action by the welfare department of _____ county related

to my family's: ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Adoption Assistance Program Payments

Reasons for my request:

☐ I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language _____ Dialect _____

If you request a state hearing and your benefits continue unchanged, the county can recover as an overpayment the cash aid and value of food stamps the hearing decision finds you were not eligible for. If you remain eligible to receive cash aid after the hearing, and you have no other income or resources, your grant will be reduced by 10% each month until the full amount of such overpayment is collected. If you do have other income or available property, the amount your grant will be reduced each month will be greater.

Check here if you want your benefits reduced or discontinued now, as described in this Notice of Action.

☐ Cash Aid ☐ Food Stamps

If you checked the box(es) and the hearing decision is in your favor, any lost benefits will be made up.

Signature _____

Date _____

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may

do so by contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority W&IC 10950.

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

Regulations. These rules apply to the information on this page: Policy Manual Sections:
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of page 1 tells how.

Attachment II

- 1) Denial Notices (1-12)
- 2) Instructions on Completing the Notices

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ ,
(Month/Year) (Month/Year)
____ / ____ , ____ / ____ , ____ / ____ because you withdrew your claim.
(Month/Year) (Month/Year) (Month/Year) (Month/Year)

Regulations. These rules apply in your case: Policy Manual Section 50-010
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v OBLEDO #1 - Back Benefits - Denial (No Aid Pending)

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ ,
(Month/Year)
____ / ____ , ____ / ____ , ____ / ____ because you submitted your claim after
(Month/Year)
____ / ____ , the final date to submit such claims.
(Date)

Regulations. These rules apply in your case: Policy Manual Section 50-010.314
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO #2 - Back Benefits - Denial (No Aid Pending)

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ / ____ ,
(Month/Year)
____ / ____ / ____ , ____ / ____ / ____ , ____ / ____ / ____ because on ____ / ____ / ____ , we asked
(Month/Year) (Month/Year) (Month/Year) (Month/Year) (Date)
you to complete Claim Form TEMP 1583a (Case Record Not Available). Without the information asked for on
this claim form, we couldn't process your claim. You didn't submit it by ____ / ____ / ____ , the final deadline we
(Date)
gave you.

Regulations. These rules apply in your case: Policy Manual Section 50-010.315
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v OBLEDO #3 - Back Benefits - Denial (No Aid Pending)

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ / ____ ,
(Month/Year) (Month/Year) (Month/Year) (Month/Year) because on ____ / ____ / ____ , we asked
(Month/Year) (Month/Year) (Month/Year) (Month/Year) (Date)
you to give us information about _____

Without this information, we couldn't process your claim. You didn't submit it by ____ / ____ / ____ , the final
(Date)
deadline we gave you.

Regulations. These rules apply in your case: Policy Manual Section 50-010.324
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask
for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v OBLEDO #4 - Back Benefits - Denial (No Aid Pending)

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ ,
(Month/Year) (Month/Year) (Month/Year) (Month/Year) because our records show that you
didn't work during these months. You must have been working in the months claimed to receive back benefits
under the Green v. Obledo court order.

Regulations. These rules apply in your case: Policy Manual Sections 50-010.41
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask
for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v OBLEDO #5 - Back Benefits - Denial (No Aid Pending)

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ ,
(Month/Year)
____ / ____ , ____ / ____ , ____ / ____ because the month(s) being claimed
(Month/Year) (Month/Year) (Month/Year) (Month/Year)
doesn't fall within the period from January 1, 1974 through November 9, 1981, the period covered by the
Green v. Obledo court order.

Regulations. These rules apply in your case: Policy Manual Section 50-010.41
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask
for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO #6 - Back Benefits - Denial (No Aid Pending)

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Green v. Obledo** court case. We have denied your claim for ____ / ____ ,
(Month/Year)
____ / ____ , ____ / ____ , ____ / ____ because our records show that we over-
(Month/Year) (Month/Year) (Month/Year) (Month/Year)
paid, denied, or stopped your AFDC cash assistance for reasons other than income or need. For you to receive
back benefits under the **Green v. Obledo** court order, your AFDC cash assistance must have been overpaid,
denied, or stopped because of too much income.

Regulations. These rules apply in your case: Policy Manual Section 50-010.41
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask
for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO #7 - Back Benefits - Denial (No Aid Pending)

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ ,
(Month/Year)
____ / ____ , ____ / ____ , ____ / ____ because you didn't supply proof that
(Month/Year) (Month/Year) (Month/Year) (Month/Year)
you had applied for or received AFDC cash assistance during the period from January 1, 1974 through November 9,
1981, or because statements made on your claim form don't support your sworn statement that you applied for
or received AFDC cash assistance during that period. You must have applied for or received AFDC cash
assistance during that period to get back benefits under the Green v. Obledo court order.

Regulations. These rules apply in your case: Policy Manual Section 50-010.42
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask
for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v OBLEDO #8 - Back Benefits - Denial (No Aid Pending)

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ ,
(Month/Year) (Month/Year)
____ / ____ , ____ / ____ , ____ / ____ because your family received the Maximum
(Month/Year) (Month/Year) (Month/Year) (Month/Year)
Aid Payment in the month(s) shown above. In such a case, you may not claim back benefits under the Green
v. Obledo court order.

Regulations. These rules apply in your case: Policy Manual Section 50-010.43
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask
for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v OBLEDO #9 - Back Benefits - Denial (No Aid Pending)

Notice of Action

Page 1 of ____

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ / ____ ,
(Month/Year) (Month/Year) (Month/Year) because, as you can see in the chart below, when we **originally** figured your grant for the above month(s), we allowed earned income deductions that reduced your countable earned income to zero. In such a case, you may not claim more back benefits under the Green v. Obledo court order.

	____ / ____ (Month/Year)	____ / ____ (Month/Year)	____ / ____ (Month/Year)	____ / ____ (Month/Year)	____ / ____ (Month/Year)
We took your earned income:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Subtracted the \$30 disregard:	- \$ 30.00	- \$ 30.00	- \$ 30.00	- \$ 30.00	- \$ 30.00
SUBTOTAL:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted one-third of subtotal: ...	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Subtracted mandatory deductions:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
(Income Tax, Social Security, Unemployment Insurance, and Disability Insurance)					
Subtracted work-related expenses:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Subtracted child care expenses:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get your countable earned income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

Regulations. These rules apply in your case: Policy Manual Section 50-010.44
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO #10 - Back Benefits - Denial (No Aid Pending)

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ / ____ ,
(Month/Year) (Month/Year) (Month/Year) (Month/Year) (Month/Year) because on ____ / ____ / ____ , we asked
(Month/Year) (Month/Year) (Month/Year) (Month/Year) (Date) you to give us either proof of your reported income or a good reason why you could not give us the proof. You
didn't give us the proof or a good reason by ____ / ____ / ____ , the final deadline we gave you.
(Date)

Regulations. These rules apply in your case: Policy Manual Section 50-010.511(a)
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask
for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO #11 - Back Benefits - Denial (No Aid Pending)

Notice of Action

Page 1 of ____

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We have denied your claim for ____ / ____ ,
(Month/Year) ____ / ____ , ____ / ____ , ____ / ____ . As you can see in the chart below,
(Month/Year) (Month/Year) (Month/Year) (Month/Year)
the amount of work-related expenses we already allowed you (see A) was more than your actual allowable work-related expenses (see B):

	____ / ____ (Month/Year)	____ / ____ (Month/Year)	____ / ____ (Month/Year)	____ / ____ (Month/Year)	____ / ____ (Month/Year)
A: Expenses already allowed by us:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Your actual work related expenses:					
Total Transportation Expenses	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Less non work-related transportation expenses:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Work-related transportation expenses:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Plus other work-related expenses:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Less contributions made by others:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
B. Allowable work-related expenses:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

Regulations. These rules apply in your case: Policy Manual Section 50-010.53
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO #12 - Cash Aid - Denial (No Aid Pending)

Completing the Denial Notices (1-12).

- (1) Fill in the month and year for the claim month(s) being denied.
- (2) Provide in the appropriate spaces on the notice the specified information; i.e., dates, amounts, page nos., etc.
- (3) Attach to the notice all additional pages appropriate to provide the substantiation for the reason for denial. These additional pages may include, but are not limited to, other documents supporting the reason. Clearly number all pages.
- (4) In the event that more than one reason for denial exists for the same claim month, combine the appropriate messages on the blank General Notice (A).
- (5) Separate notices should be used for each claim month being denied if the reasons are different for each month.
- (6) In the event that only one reason for denial exists for different claim months, specify all of the months being denied and the appropriate reason on a single notice.
- (7) When the claim is being denied for failure to provide requested information/ verification, insert the following on notices 3, 4 and 11:
 - (a) On Notice 4, list the requested information that was not provided.
 - (b) When the claim is being denied in part, also insert on the notice the statement contained in (8) below.
- (8) When the denial is for only a portion of the months being claimed, the notice must contain the following statement:

"The balance of your claim has been processed. The other notices enclosed inform you about the rest of your claim."
- (9) Use Notice #10 only where a family had unearned income in addition to earned income. If the family had no unearned income and zero countable earned income, they would have received the Maximum Aid Payment (MAP) and the correct notice to use would be Notice #9.

Attachment III

- 1) Notice for Incorrect County (13)
- 2) Instructions on Completing the Notice

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. We can't process your claim for ____ / ____ ,
(Month/Year)
____ / ____ , ____ / ____ , ____ / ____ because it must go to the county which
(Month/Year) (Month/Year) (Month/Year) (Month/Year)
either aided you or which you applied for aid during the period from January 1, 1974 through November 9, 1981.

☐ _____ County
was the county that either aided you or to
which you applied for aid during the above
period(s). We've sent your claim there.

☐ We denied your claim for the month(s)
shown above because you didn't receive or
apply for AFDC cash assistance in this
county. We're returning your claim because
we don't know which county either aided
you or to which you applied for aid. If
you do know, then send the claim to the
right county within fifteen days of getting
this notice. Attach a copy of this notice to
your claim.

Regulations. These rules apply in your case: Policy Manual Sections 50-010.312, 50-010.313 and 50-010.42
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask
for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO #13 - Back Benefits - Denial (No Aid Pending)

Completing the Incorrect County Notice (13).

- (1) Fill in the month and year for the claim month(s) for which the claim is being forwarded to the correct county or being denied. These dates may encompass the entire months claimed or a portion thereof.
- (2) Check the appropriate box.
 - a) When forwarding the claim to another county, provide the name of the other county.
 - b) When denying the claim because the appropriate county is not known, the claim form must be returned to the claimant with the notice.
- (3) When only a portion of the months claimed is being forwarded or denied, the notice must also contain the following statement:

"We are processing the rest of your claim. You will receive other notices from us informing you about the rest of your claim."

Attachment IV

- 1) Requests for Additional, Missing or Incomplete
Information/Verification (14-17)
- 2) Instructions for Completing the Notices

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Green v. Obledo** court case. Please help us help you.

We can't process your claim for ____ / ____ , ____ / ____ , ____ / ____ , ____ / ____ ,
(Month/Year) (Month/Year) (Month/Year) (Month/Year)
____ / ____ because we can't find your old case file or the file doesn't have all of the information we need.
(Month/Year)

For the month(s) shown above, send us the information we need.

Attached to this notice is claim form TEMP 1583a (Case Record Not Available). For us to process your claim properly, complete this form, sign the last page and return it to us by ____ / ____ / ____ . If we don't receive the
(Date)
completed TEMP 1583a by this deadline, your claim for these months will be denied.

If you have any questions or need help in completing this form, please call your worker indicated above.

You will be sent a new notice explaining any action we take because of your response to this request.

Regulations. These rules apply in your case: Policy Manual Sections 50-010.314, 50-010.315, 50-010.324.
You may review them at your welfare office

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v OBLEDO #14 - Back Benefits - No Case Record (No Aid Pending)

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. Our records show that from ____ / ____ / ____
(Month/Year)
through ____ / ____ / ____ we overpaid you AFDC cash assistance because _____.
(Month/Year)

We used the work-related expenses listed below to figure out how much AFDC cash assistance we should have paid you. If you find that your actual expenses were more than those listed below, we may owe you back benefits or you may owe us less. If you think that your actual expenses were more than those listed below, complete the attached claim form TEMP 1583b (Case Record Available Newly Computed Overpayment) so that we may determine if we owe you back benefits or if you owe us less than our records now show. For us to process your claim properly, complete the form, sign it and return it to us within thirty days (by ____ / ____ / ____). Within reason,
(Date)

you must also send us proof of the expenses you claim, or give good reasons why you don't have proof.

Here are the expenses we used:

<p>Month/Year: ____ / ____</p> <table><tr><th>Expense</th><th>Amount</th></tr><tr><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>\$ _____</td></tr></table>	Expense	Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____	<p>Month/Year: ____ / ____</p> <table><tr><th>Expense</th><th>Amount</th></tr><tr><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>\$ _____</td></tr></table>	Expense	Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____	<p>Month/Year: ____ / ____</p> <table><tr><th>Expense</th><th>Amount</th></tr><tr><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>\$ _____</td></tr></table>	Expense	Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____
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If you have any questions or need help in completing this form, please call your worker indicated above.

You will be sent a new notice explaining any action we take because of your response to this request.

Regulations. These rules apply in your case: Policy Manual Sections 50-010.324 and 50-010.535(d)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO #15 - Back Benefits - Newly Computed Overpayment (No Aid Pending)

Notice of Action

Page 1 of ____

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the **Green** v. **Obledo** court case. Please help us help you.

We can't process your claim for ____ / ____ / ____ , ____ / ____ / ____ , ____ / ____ / ____ , ____ / ____ / ____ ,
(Month/Year) (Month/Year) (Month/Year) (Month/Year)
____ / ____ because for the month(s) shown above, we must have proof of your income and mandatory
(Month/Year)
deductions or, if you can't give us the proof, you must provide the reason the proof does not exist.

If we don't receive the proof or a good reason it does not exist within thirty days (by ____ / ____ / ____), your claim
(Date)
for these month(s) will be denied.

If you have any questions or need help in providing the proof, please call your worker indicated above.

You will be sent a new notice explaining any action we take because of your response to this request.

Regulations. These rules apply in your case: Policy Manual Sections 50-010.324, and 50-010.511(a).
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask
for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v OBLEDO #16 - Back Benefits - Request For Proof (No Aid Pending)

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Obledo court case. Please help us help you. For the month(s) noted below, send us the information we need. For us to process your claim properly, you must do so within thirty days (____ / ____ / ____).
(Date)

If we don't receive the information by this deadline, your claim for these months for which we need the information will be denied.

MONTH/YEAR

INFORMATION NEEDED

____ / ____

____ / ____

____ / ____

____ / ____

If you have any questions or need help in getting the information we seek, please call your worker indicated above.

You will be sent a new notice explaining any action we take because of your response to this request.

Regulations. These rules apply in your case: Policy Manual Section 50-010.324
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of page 1 tells how.

GREEN v. OBLEDO #17 - Back Benefits - Request for Information (No Aid Pending)

Completing the Request for Additional Missing or Incomplete Information/
Verification (14-17).

- (1) Fill in the month and year for the claim month(s) that the information/ verification is needed.
- (2) Fill in the date by which the response is due.
- (3) When the request is being sent to obtain missing or incomplete case file information, use Notice #14 to transmit TEMP 1583a.
- (4) When the request is being sent because the claim form was incomplete when submitted or when additional information/verification is needed use Notice #17. Attach a copy of the appropriate claim form with the item(s) needing completion/ verification circled in order to help the claimant understand what is being requested.
- (5) On Notice #17, specify exactly what information is requested and why. Indicate whether verification or merely a statement is needed.
 - a) If more space is necessary in order to state what is needed and why, use the "Green v. Obledo Back Benefits - General Continuation Page" (B) to complete the request.
- (6) When the request is being sent to obtain missing or incomplete verification (Notice #16) and the reason why it was not available provided on the claim form(s) is not acceptable, the notice must contain the following statement with an explanation as to why the reason given is unacceptable:

"The reason you gave us explaining why the proof we seek is not available is not acceptable because_____.
We must have the proof before you can get back benefits."

If it is not clear whether the reason provided is acceptable, contact the claimant to obtain clarification of the reason.
- (7) When the request is being sent to obtain the information requested on TEMP 1583b (Notice #15), provide the period for which the overpayment covered, the reason(s) for the overpayment, the month and year, the expenses and costs used in the overpayment calculation.

NOTE: Any newly discovered overpayment can only be recouped if currently collectible in accordance with the provisions contained in MPP Section 44-350.

Attachment V

- 1) Approval Notice (18)
- 2) Instructions for Completing the Notice

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments.

You are claiming benefits under the Green v. Oblado court case. We have approved your claim as noted below. The attached page(s) show(s) you how we figured the amount owed you.

WE OWE YOU	FOR MONTH/YEAR
\$ _____	_____/____
\$ _____	_____/____
\$ _____	_____/____
\$ _____	_____/____
\$ _____	_____/____
\$ _____	_____/____
\$ _____ Total	

☐ The amount on the check we are sending you differs from the total we say we owe you on the lefthand side of this page. That is because you have an overpayment you owe us. We have used your Green back benefits to repay all or part of that overpayment. The table below shows you how we did this.

☐ YOUR GREEN BACK BENEFITS DON'T PAY WHAT YOU OWE:

Overpayment you owe us: \$ _____

Less Green back benefits we owe you: - \$ _____

Overpayment you still owe us: = \$ _____

☐ YOUR GREEN BACK BENEFITS EXCEED WHAT YOU OWE:

Green back benefits we owe you: \$ _____

Less overpayment you owe us: - \$ _____

Green back benefits we still owe you: = \$ _____

Regulations. These rules apply in your case: Policy Manual Section 50-010.55
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of this page tells how.

GREEN v. OBLEDO #18 - Back Benefits - Approval (No Aid Pending)

Completing the Approval Notice (18).

- (1) This notice cannot stand alone. It must have at a minimum one of the "Green v. Obledo-Back Benefits - Computation Pages" (Notices 19-23) attached in order to show the computation of the amount of money the claimant is to receive. It may be necessary to use more than one continuation page to reflect the computation for the eligible period being claimed. Clearly number all pages.
- (2) Fill in the month and year for the approved claim month(s). These may encompass the entire eligible claim months or a portion of the claim months.
- (3) Fill in the amount of money the claimant is eligible to receive. The amount shown on this notice for the specified month must correspond to the amount calculated on the appropriate Computation Page.
- (4) Add up the months to obtain the total amount approved. Place this figure in the line "\$_____ Total".
- (5) If the Green retroactive benefit is being used to offset an outstanding overpayment:
 - a) Check the appropriate boxes.
 - b) Complete the appropriate computation. The amount of the "Green back benefits we owe you" must be identical to the amount shown in "\$_____ Total".

(Note: When an overpayment is being adjusted, the notice must include a copy of the Demand Notice or any other Notice of Action showing the amount of the outstanding overpayment as an attachment.)

Attachment VI

- 1) Computation Page - Denied AFDC (19)
- 2) Computation Page - Received AFDC (20)
- 3) Computation Page - Recalculated Overpayment (21)
- 4) Computation Page - Recalculated Overpayment (22)
- 5) Computation Page - Underpayment (23)
- 6) Instructions for Completing the Computation Pages

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

For the following month(s) we denied your application for AFDC. Under the Green v. Obledo court case, you were actually eligible for cash assistance. We have figured the amount we owe you for the month(s) shown as follows:

	/	/	/	/	/
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
We took your earned income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted the \$30 Disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
SUBTOTAL:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted one-third of subtotal:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Subtracted mandatory deductions:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
(Income Tax, Social Security, Unemployment Insurance, Disability Insurance)					
Subtracted:					
Work-related expenses (transportation): ...	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Work-related expenses (other):	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Subtracted child care expenses:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Added other countable income:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Subtracted child support paid:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get the net nonexempt income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We figured the maximum aid allowed for your family of _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted your net nonexempt income:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get your back benefit amount:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We added 7% interest through 1981:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
And added 10% interest thereafter:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
To get what we owe you:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

PLEASE NOTE: You claimed the following work-related expenses. For the reasons listed below, we didn't allow them:

Month/Year	Work-Related Expenses Not Allowed	Amount	Reason
/		\$ _____	_____
/		\$ _____	_____
/		\$ _____	_____
/		\$ _____	_____
/		\$ _____	_____

Regulations. These rules apply to the information on this page: Policy Manual Section 50-010.535(a)
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of page 1 tells how.

GREEN v. OBLEDO #19 - Back Benefits - Computation Page (Denied AFDC) (No Aid Pending)

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

For the following month(s) you had earned income from your job with a WIN sponsor or other training agency. As a result, your grant was **originally** calculated under the former Policy Manual Section 44-113.241. In such a case, the amount of your **Green v. Obledo** back benefits are limited to the lesser of either your net work-related expenses allowed (A) or your original net grant earnings (B). We have figured the amount we owe you for the month(s) shown as follows:

	/	/	/	/	/
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
We checked these facts:					
A: Your net work-related expenses allowed:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
B: Your original net grant earnings:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We used them as follows:					
We took the lesser of A or B above:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We added 7% interest through 1981:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
And added 10% interest thereafter:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
To get what we owe you:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

PLEASE NOTE: You claimed the following work-related expenses. For the reasons listed below, we didn't allow them:

Month/Year	Work-Related Expenses Not Allowed	Amount	Reason
/		\$ _____	
/		\$ _____	
/		\$ _____	
/		\$ _____	
/		\$ _____	

Regulations. These rules apply to the information on this page: Policy Manual Section 50-010.535(b)
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of page 1 tells how.

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

For the following month(s) we originally determined you were overpaid and collected the overpayment. In refiguring your grant for these months, the actual overpayment was less than what we collected. We have figured the amount we owe you for the month(s) shown as follows:

	/	/	/	/	/
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
We took your earned income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted the \$30 disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
SUBTOTAL:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted one-third of subtotal:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Subtracted mandatory deductions:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
(Income Tax, Social Security, Unem- ployment Insurance, Disability Insurance)					
Subtracted:					
Work-related expenses (transportation): ...	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Work-related expenses (other):	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Subtracted child care expenses:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Added other countable income:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Subtracted child support paid:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get the net nonexempt income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We figured the maximum aid allowed for your family of _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted your net nonexempt income:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get the grant you should have gotten: ...	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We took the grant you got:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted the grant you should have gotten:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get the actual overpayment:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We took the original overpayment:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted the actual overpayment:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get your back benefit amount:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We added 7% interest through 1981:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
And added 10% interest thereafter:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
To get what we owe you:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

PLEASE NOTE: You claimed the following work-related expenses. For the reasons listed below, we didn't allow them:

Month/Year	Work-Related Expenses Not Allowed	Amount	Reason
/		\$ _____	
/		\$ _____	
/		\$ _____	
/		\$ _____	
/		\$ _____	

Regulations. These rules apply to the information on this page: Policy Manual Section 50-010.535(c)(1)
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of page 1 tells how.

GREEN v. OBLEDO #21 - Back Benefits - Computation Page (Recalculated Overpayment) (No Aid Pending)

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

For the following month(s) we originally determined you were overpaid and collected the overpayment. It turns out you were not overpaid. You are entitled to your back benefits and the overpayment we already collected. We have figured the amount we owe you for the month(s) shown as follows:

	/	/	/	/	/
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
We took your earned income:	= \$	= \$	= \$	= \$	= \$
Subtracted the \$30 disregard:	- \$	- \$	- \$	- \$	- \$
SUBTOTAL:	= \$	= \$	= \$	= \$	= \$
Subtracted one-third of subtotal:	- \$	- \$	- \$	- \$	- \$
Subtracted mandatory deductions:	- \$	- \$	- \$	- \$	- \$
(Income Tax, Social Security, Unemployment Insurance, Disability Insurance)					
Subtracted:					
Work-related expenses (transportation): ...	- \$	- \$	- \$	- \$	- \$
Work-related expenses (other):	- \$	- \$	- \$	- \$	- \$
Subtracted child care expenses:	- \$	- \$	- \$	- \$	- \$
Added other countable income:	+ \$	+ \$	+ \$	+ \$	+ \$
Subtracted child support paid:	- \$	- \$	- \$	- \$	- \$
To get the net nonexempt income:	= \$	= \$	= \$	= \$	= \$
We figured the maximum aid allowed for your family of	= \$	= \$	= \$	= \$	= \$
Subtracted your net nonexempt income:	- \$	- \$	- \$	- \$	- \$
To get the grant you should have gotten: ...	= \$	= \$	= \$	= \$	= \$
And subtracted the grant you got:	- \$	- \$	- \$	- \$	- \$
To get your back grant amount:	= \$	= \$	= \$	= \$	= \$
We added the original overpayment:	+ \$	+ \$	+ \$	+ \$	+ \$
We added 7% interest through 1981:	+ \$	+ \$	+ \$	+ \$	+ \$
And added 10% interest thereafter:	+ \$	+ \$	+ \$	+ \$	+ \$
To get what we owe you:	= \$	= \$	= \$	= \$	= \$

PLEASE NOTE: You claimed the following work-related expenses. For the reasons listed below, we didn't allow them:

Month/Year	Work-Related Expenses Not Allowed	Amount	Reason
/		\$	
/		\$	
/		\$	
/		\$	
/		\$	

Regulations. These rules apply to the information on this page: Policy Manual Section 50-010.535(c)(2)

You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of page 1 tells how.

GREEN v. OBLEDO #22 - Back Benefits - Computation Page (Recalculated Overpayment) (No Aid Pending)

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

After refiguring your AFDC cash grant under the **Green v. Obledo** court order, we have determined that you were underpaid for the following month(s). We have figured the amount we owe you for the month(s) shown as follows:

	/	/	/	/	/
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
We took your earned income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted the \$30 disregard:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
SUBTOTAL:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted one-third of subtotal:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Subtracted mandatory deductions:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
(Income Tax, Social Security, Unemployment Insurance, Disability Insurance)					
Subtracted:					
Work-related expenses (transportation): ...	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Work-related expenses (other):	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Subtracted child care expenses:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
Added other countable income:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
Subtracted child support paid:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get the net nonexempt income:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We figured the maximum aid allowed for your family of _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
Subtracted your net nonexempt income:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get the grant you should have gotten:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
And subtracted the grant you got:	- \$ _____	- \$ _____	- \$ _____	- \$ _____	- \$ _____
To get your back grant amount:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____
We added 7% interest through 1981:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
And added 10% interest thereafter:	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
To get what we owe you:	= \$ _____	= \$ _____	= \$ _____	= \$ _____	= \$ _____

PLEASE NOTE: You claimed the following work-related expenses. For the reasons listed below, we didn't allow them:

Month/Year	Work-Related Expenses Not Allowed	Amount	Reason
/		\$ _____	_____
/		\$ _____	_____
/		\$ _____	_____
/		\$ _____	_____
/		\$ _____	_____

Regulations. These rules apply to the information on this page: Policy Manual Section 50-010.535(d)(2)
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. If you want a hearing, you must ask for one within 90 days from the date this notice is mailed. The back of page 1 tells how.

GREEN v. OBLEDO #23 - Back Benefits - Computation Page (Underpayment) (No Aid Pending)

Completing the Computation Pages - (19-23)

- (1) Fill in the month(s) and year(s) for the approved claim month(s) that the computation covers. These months may encompass the entire eligible claim months or a portion thereof.
- (2) Use as many pages as necessary to cover the total approved claim months. Clearly number all pages.
- (3) Complete the computation for each month using data from the Green v. Obledo Worksheets contained in All-County Letter No. 84-13, dated January 20, 1984.
- (4) The amount of the retroactive benefit calculated for each month must be shown on the Approval Notice (18).
- (5) If any deductions have been disallowed, fill in the dates for which the deduction was claimed, the deduction being disallowed, the amount of the deduction being disallowed and the reason for the disallowance. NOTE: The amount of the deduction being disallowed may be the entire amount or a portion thereof.
- (6) If the claimant has no income or all deductions claimed are being allowed, the statement, "This doesn't apply to you.", must be placed prominently in this portion of the computation page.